

# J. KOZEL & SON, INC.

CORPORATE HEADQUARTERS  
1150 SCOTTSVILLE ROAD, ROCHESTER, NY 14624  
PHONE: (585) 436-9807 FAX: (585) 436-3104

## CREDIT APPLICATION

DATE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

STREET

CITY STATE ZIP CODE COUNTY

PHONE #: (\_\_\_\_) \_\_\_\_\_ CELL #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

### PAYABLES

BILLING ADDRESS (IF DIFFERENT): \_\_\_\_\_

STREET

CITY STATE ZIP CODE COUNTY

A/P CONTACT: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ARE PURCHASE ORDERS REQUIRED? ( ) YES ( ) NO

SALES TAX EXEMPT? ( ) YES (PLEASE ATTACH CERTIFICATE) ANTICIPATED YEARLY VOLUME WITH US: \$ \_\_\_\_\_

E-MAIL INVOICES? ( ) YES ( ) NO | E-MAIL STATEMENTS? ( ) YES ( ) NO | E-MAIL: \_\_\_\_\_

### BUSINESS INFORMATION

OWNERSHIP: ( ) CORPORATION ( ) PARTNERSHIP ( ) INDIVIDUAL ( ) OTHER: \_\_\_\_\_

IF A CORPORATION: INCORPORATED IN THE YEAR OF \_\_\_\_\_ IN THE STATE OF \_\_\_\_\_

FEDERAL TAX ID #: \_\_\_\_\_

### PRINCIPAL(S)/OWNER(S):

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ % OF OWNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP CODE

SOCIAL SECURITY #: \_\_\_\_\_ HOME #: (\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ % OF OWNERSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ HOME #: (\_\_\_\_) \_\_\_\_\_

### BANK INFORMATION

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

OFFICER: \_\_\_\_\_ PHONE NO.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### TRADE REFERENCES (PLEASE COMPLETE FULLY)

1. COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

2. COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

3. COMPANY: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE NO.: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_



THE ABOVE FIRM/INDIVIDUAL HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF J. KOZEL & SON, INC. AS SUPPLIED BELOW. THE INFORMATION ON PAGE ONE IS SUPPLIED FOR THE CONSIDERATION OF THIS APPLICATION AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

**TERMS OF SALE**

1. **DISCOUNT TERMS, WHERE THEY APPLY, ARE BASED ON THE PRODUCT LINE PURCHASED AND PROMPT PAYMENT AS ITEMIZED ON THE INDIVIDUAL INVOICES OR AS NEGOTIATED AND SHOWN ON CONTRACTS.**
2. **ALL PAYMENTS (UNLESS OTHERWISE NOTED BY SIGNED AGREEMENTS) ARE TO BE MADE WITHIN 30 DAYS OF ORIGINAL INVOICE DATE.**
3. **INVOICES THAT ARE 30 DAYS PAST THE ORIGINAL INVOICE DATE WILL BE ASSESSED A SERVICE CHARGE AT THE RATE OF 1.5% PER MONTH WITH A MINIMUM CHARGE OF \$.50.**
4. **ACCOUNTS PAST DUE ARE SUBJECT TO CREDIT HOLD.**
5. **CREDIT CARDS ARE ONLY ACCEPTED AT TIME OF SALE. ALL OTHER PAYMENTS MUST BE MADE BY CASH OR CHECK.**

**CONDITIONS**

1. THE INFORMATION SUPPLIED IN THIS APPLICATION FOR CREDIT IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I AUTHORIZE J. KOZEL & SON, INC. TO INVESTIGATE MY/ OUR CREDIT WORTHINESS AND CAPACITY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF THE CREDIT APPLIED FOR AND TO OBTAIN CREDIT INFORMATION FROM THIRD PARTIES NECESSARY FOR A DETERMINATION THEREOF AND AS THEY MAY DEEM NECESSARY FROM TIME TO TIME THEREAFTER. GUARANTORS ARE NOTIFIED THAT A CONSUMER CREDIT REPORT MAY BE REQUESTED WITH RESPECT TO ONE OR MORE OF SUCH PERSONS FROM A CONSUMER REPORTING AGENCY IN CONNECTION WITH THIS APPLICATION AND UPON REQUEST, WILL BE INFORMED WHETHER OR NOT A CONSUMER REPORT WAS REQUESTED AS TO ANY SUCH PERSON AND IF SUCH REPORT IS REQUESTED, SUCH PERSON SHALL BE INFORMED OF THE NAME AND ADDRESS OF THE CONSUMER REPORTING AGENCY THAT FURNISHED THE REPORT.
2. IN THE EVENT THAT J. KOZEL & SON, INC. PURSUES CIVIL REMEDIES AGAINST THE CREDITOR OF OUR FINANCIAL OBLIGATIONS FOR MATERIAL SUPPLIED AND/OR SERVICES RENDERED TO US, I HEREBY AGREE TO BE RESPONSIBLE FOR REASONABLE COLLECTION AND/OR ATTORNEY FEES AND DISBURSEMENTS INCURRED BY THEM. SHOULD LEGAL REMEDY BE REQUIRED THE UNDERSIGNED AGREES THAT THE VENUE FOR SUCH ACTION SHALL BE IN MONROE COUNTY, NEW YORK.

BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS SET FORTH ABOVE AND AGREE TO ABIDE BY THEM.

**OFFICER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**GUARANTEE**

1. THE UNDERSIGNED FOR CONSIDERATION DOES HEREBY INDIVIDUALLY AND PERSONALLY GUARANTEE THE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS HERETOFORE OR HEREAFTER INCURRED BY THE ABOVE BUSINESS. THIS GUARANTEE SHALL NOT BE AFFECTED BY THE AMOUNT OF CREDIT EXTENDED OR ANY CHANGE IN THE FORM OF SAID INDEBTEDNESS. NOTICE OF THE ACCEPTANCE OF THIS GUARANTEE, EXTENSION OF CREDIT, MODIFICATION IN TERMS OF PAYMENT, AND ANY RIGHT OR DEMAND TO PROCEED AGAINST THE PRINCIPAL DEBTOR IS HEREBY WAIVED. THIS GUARANTEE CAN ONLY BE REVOKED BY WRITTEN NOTICE, WHICH SHALL BE SENT TO THE CREDITOR'S CREDIT OFFICE BY CERTIFIED MAIL. ANY REVOCATION DOES NOT REVOKE THE OBLIGATION OF THE GUARANTORS TO PROVIDE PAYMENT FOR INDEBTEDNESS WHICH IS INCURRED PRIOR TO THE REVOCATION. I AUTHORIZE THE SELLER AND THEIR ASSIGNS TO OBTAIN A CONSUMER CREDIT REPORT AND TO CONTACT MY REFERENCES AS NECESSARY.

**SIGNATURE:** \_\_\_\_\_ **PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **WITNESS PRINTED NAME:** \_\_\_\_\_

**NOTE: ALL PURCHASES FOR A NEW ACCOUNT REQUESTS WILL BE ON A COD BASIS UNTIL THIS APPLICATION HAS BEEN APPROVED.**



1150 SCOTTSVILLE ROAD  
ROCHESTER, NY 14624  
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FAX: (585) 436-3104

406 STATE ROUTE 104  
ONTARIO, NY 14519  
PH: (585) 216-9334  
FAX: (585) 216-9534



3857 WALDEN AVENUE  
LANCASTER, NY 14086  
PH: (716) 685-1556  
FAX: (716) 685-2864

48 FACTORY HILL ROAD  
HOOSICK FALLS, NY 12090  
PH: (518) 686-7426  
FAX: (518) 686-1725

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